



## Spirituality – a forgotten dimension? Developing spiritual literacy in family therapy practice

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Spirituality is hard to approach and define in family therapy practice, both as a concept and as a process. Spiritual perspectives are seen as important in an ecological understanding of family life, yet there is a research gap in the field of family therapy. The research reported here set out to explore the experience of spirituality from the perspective of family members and family therapists in therapeutic practice in Norway. Using a grounded theory methodology, we developed a middle range theory of spiritual literacy for family therapy practice. Although we offer no solutions to the dilemmas and hesitations experienced around the possible silencing of spiritual matters in family therapy, we make some recommendations for training and supervision practices.

### Practitioner points

- Spiritual experiences can be difficult to approach and define in family therapy
- Lack of recognition of spirituality in training and in practice seems to make therapists hesitant
- Encourage training programmes to open discussions about spirituality
- Be open to spiritual issues in supervisor training and practice

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## Introduction

Family therapy practice is in a world of language – not only verbal, but mixed with bodily feelings and non-verbal expressions in an ecological

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whole. People are physical, psychological, social, spiritual and cultural, and these aspects are intertwined, and affect the systemic work of change to a greater or lesser extent. However, except for a few contributions in recent years, such as the ANZFT special edition in 2017,<sup>1</sup> spirituality has been relatively absent in systemic therapeutic education, textbooks and journals. This might make therapists more hesitant and less confident to opening up dialogues around clients' spiritual issues in life (Carlson *et al.*, 2011). Therapists are rarely trained to incorporate spiritual or religious issues in therapy, even if distress about these issues can be the core of psychological, emotional and relational problems (Walsh, 2009). There is little research about spirituality in the family therapy field and studies on clients' perspectives are more or less absent.

What would help to expand the interest and curiosity in clients' spiritual perspectives in the family therapy field? This article presents a middle range theory<sup>2</sup> called 'the map of spiritual literacy', based on a constructivist grounded theory study in systemic family therapy practice (Holmberg, Jensen & Ulland, 2017; Holmberg, 2018). The overarching aim of this study was to explore what spirituality means for family therapy practice in Norway, both from the therapist's and client's perspectives. The study explored the clients' and the therapists' understanding of spirituality and also the client's experiences and perceptions about spirituality in family therapy practice. The study also examined therapists' thoughts about how personal and professional spiritual experiences affected them as therapists, and how family therapists included spirituality in their practice.

## Spirituality

In talking about spirituality, the word 'spiritual' seems to be the first obstacle. In a Norwegian context, spirituality seems to be a difficult and unclear term, even problematic, linked to a range of emotions and different experiences. Spirituality seems to be readily associated with the word spirit, which in turn is associated with a religious life. To address this, the participants were presented with various types of words and concepts, words that could be part of the 'spirituality box', like life philosophy, soul, meaning, religion, values, life view, sacredness and existential issues, and asked for their own definitions.

Originally, spirituality comes from the word 'spirit', which means 'breath', and can be seen as human beings' vital essence or life force, as part of an ecological or holistic view of the person. Human spirituality is closely connected to the body, expressed as emotions, feelings, behaviour and in relationship, and includes a humanistic view of life related to

meaning, values and coherence (Grams *et al.*, 2007; Wright, 2017). It seems to be something we exercise and experience, like a way of being, with regard to self, others, culture, nature, life and includes a transcendent dimension (Elkins, 1999). We are seen to be part of something bigger, independent of personal religion or belief in God (Helminiak, 2001). In this way, therefore, eco-thinking, justice, peace and solidarity can be seen as deeply spiritual questions (Canda and Furman, 2010).

Spirituality has different sources, both religious and secular, and people have their own unique spiritual journey, developed throughout life (Miller and Thoresen, 2003). People can be concerned about it to a greater or lesser extent. Spirituality is not seen as a static phenomenon, but as a process, that changes through life (Pargament, 2013). In Norway, 72.9 per cent of the population is part of the Church of Norway, a Lutheran institution, but only a handful have an active church affiliation (Botvar and Schmidt, 2010). Eleven per cent of the population is part of religious and life stance communities outside the Lutheran church, and more than 50 per cent of them are of the Christian faith (Statistics Norway, 2016).

Including the spirituality of clients in healthcare and social work is in line with Norwegian national guidelines for the healthcare sector that assumes a holistic view of humanity. Professionals are required to work in accordance with humans rights legislation, address clients' spiritual needs, and prevent reductionist views of human beings (Koslander *et al.*, 2009). Research suggests that spirituality plays an important role in fostering health and wellness (Koenig *et al.*, 2012). Spiritual belief and practice can foster recovery and resilience in times of crisis and adversity (Walsh, 2003).

However, in the history of psychotherapy, there has been a split between the worldly and the spiritual, and therapists have tended to minimise or even pathologise spiritual and religious dimensions of life (Swinton, 2001). Therapists have been trained to be unbiased and objective and not to reveal their own spiritual practice and values (Walsh, 2009).

## Previous research

There are few empirical research studies in the family therapeutic or systemic field and quantitative studies from the US tend to predominate. For example, Miller and Sheppard (2014) found that among family therapy students, spirituality was relationally connected but individually defined. They also found spirituality to be construed as relative

and unspecific but still seen as a manifestation of power dynamics, and a powerful driving force in the therapist's life. In McNeil *et al.*'s (2012) study, 81.4 per cent of family therapy students reported that they were not offered a course in spirituality and religion in their training programmes. These results are consistent with a study from Norway among family therapists (Ulland and DeMarinis, 2014), who reported 'not knowing' how to integrate spirituality in therapy. This led to a gap between a philosophy of care and fundamental theory and practice for the therapists. A study by Carlson *et al.* (2014), also among family therapy students, indicated that the more therapists have thought about their own spirituality and/or religious beliefs, the more comfortable they will be to enter into conversations with clients about spirituality.

Two qualitative studies have explored the inclusion of spirituality in family therapy practice. First, Johnson *et al.* (2007) suggested that family therapists have a pluralistic approach to a client's spirituality, meeting their clients with openness and respect, even if they were not ethical relativists. Spiritual problems were included in psychological and relational issues, and the therapists tried to use the clients' language and sometimes used meditation, quoting scripture and prayer. Clients' spirituality was used as a resource for change, and clients' self-awareness and self-understanding was found to increase. In the second study the therapists said they lacked training, but they still tried to integrate clients' spirituality with curiosity and a non-judgmental approach (Balmer *et al.*, 2012).

To date, only one study has explored clients' perspectives about including spirituality in family therapy practice. This pilot study from the US (Erickson *et al.*, 2002) had a small sample, and about half of the participants said that their spiritual or religious belief had some type of influence in their therapy, negative or positive, and just as many said that these issues were necessary for healing.

## Method

### *Choice of method*

Constructivist Grounded Theory (GT) was used as the analysis method for the study reported here because of the paucity of research in the Norwegian context (Charmaz, 2014). The methodology invites development of substantive theory, which may make a contribution to the family therapy field. Constructivist GT is an emergent and open-ended method, which begins in the empirical world. It offers a set of general principles, guidelines and strategies, and the methodology invites the

development of substantive theory. The method focuses on understanding, and searches for meaning attributed to people's action and intentions (Dallos and Vetere, 2005). However, variation is also a key word, which arises because of the ongoing analysis. Variety in this context included age, gender, profession, working place, nationality, religion/philosophy of life and geographical location.

### *Recruitment*

Constructivist GT aims to actively seek persons who have something to say about the topic. We recruited systemic family therapists. Finding therapists was not an easy process, given that the topic of spirituality in therapy is not typically discussed. A snowballing method of sampling was adopted and participants were recruited through recommendations from colleagues, students and supervisors.

Recruiting clients to the study presented even more difficulties. Twelve clients were recruited through their therapists, and our colleagues. This took much longer than anticipated.

### *Participants*

A total of fifteen family therapists participated in the study, ranging in age from 35 to 62 years – seven women and eight men, all with more than five years of experience as a systemic family therapist. Their professional backgrounds were as psychologist, social worker, theologian, social scientist and educator. Two of the therapists had migrated to Norway. The therapists worked in family counselling services, child and adolescent psychiatry (institutions and outpatient clinics) and in private practice.

The twelve clients in the study – eight women and four men – had been involved in different models of family therapy. The clients ranged in age between 35 and 67 years, with experiences in family counselling services and child and adolescent psychiatry.

### *Compliance with ethical standards*

Participation in the study was voluntary, and all informants have been anonymised. The informants were free to withdraw at any time, and written informed consent was obtained from all individual participants.

The Remit Assessment from the Regional Ethical Committee was used, and the project was approved by the Norwegian Data Service of Social Science (NSD) no. 38978. All procedures performed in the study were in accordance with the ethical standards of the NSD.

### *Data collection*

Data were collected through in-depth semi-structured qualitative interviews, conducted according to two different interview guides: one for the therapists and one for the clients. The interviews were conducted in the therapists' and the clients' workplaces, therapists' and clients' homes, and in different university colleges. The length of the interviews ranged from twenty minutes to two hours and all interviews were recorded with permission. During the analysis process some new questions were developed and sent to some of the informants and some responded by mail.

### *Analysis*

Following the GT methodology, the analysis process started from the beginning of the data collection, and made systematic constant comparisons throughout the inquiry. This included the key techniques of GT, i.e. initial coding, focused coding, categorising, and memo-writing (Charmaz, 2014).

All the interviews were transcribed and, initially, the interviews with the therapists were analysed separately from those with clients. This gave a better overview of any differences in the perspectives of clients and therapists. Out of the coding process, forty codes were developed from the therapists and fifty-five codes from the clients. Constant comparative analysis was used to develop the categories. Five main categories emerged from this analysis, three from the therapists' interviews and two from the clients' interviews. Finally, these five categories, including their sub-categories, were split up, and then analysed together to develop the final five core categories. These core categories were based on the relationship between the chosen main GT categories and our own interpretations of the data. The core categories were:

- Recognition of clients' spiritual and religious life
- Spirituality as part of being human: relationships and culture
- The need for therapeutic awareness and competence
- Experience of spirituality as linguistically ambiguous and difficult to put into words
- Silence in family therapy culture and education creates a feeling that spirituality is not accepted.

With the core categories in mind, a search began for an overarching concept that the theory could build on. Finally, we chose the term 'spiritual literacy'. With this term as a lens we went back to the core categories,

which also included sub-categories that both therapists and clients were concerned about. A substantive theory with seven perspectives about how to develop spiritual literacy was developed (Figure 1). This working theory, called 'a map of spiritual literacy', had its focus on action and activism (Freire, 1979), and offered a critical and constructive perspective on family therapy practice.

## **Spiritual literacy**

A general definition of literacy is the ability to read and write,<sup>3</sup> but in this case, a deeper meaning of the concept is intended. A more inclusive definition recognises the meaning in certain signs, marks and shapes, and the ability to pick up meaning and intention through tone of voice, facial expression and body language. Metaphorically, we can think about being human like a script, whose content is open for humans with literacy (Piltz, 1991). It is the ability to 'read' and sense in human relationships, it is about being present, having the ability to reach deeper levels of meaning and experience. A literate family therapist is expected to know about systems theory and social constructionism, but also to know about specific issues and current research.

Spiritual literacy can be seen as a non-judgmental and respectful attitude to clients' spiritual issues, and working for change with inclusion, sensitivity and openness regarding these perspectives in clients' lives (Haug, 1998). This goes beyond the therapists' understanding of their own spiritual lives, integrated as a part of professional practice, and then having the wisdom to know how to put this knowledge into practice in collaboration with clients (Pargament, 2007).

### *The map of spiritual literacy*

What does this research say about what supports family therapists who are seeking to develop spiritual literacy? Seven perspectives as presented in Figure 1 are described below.

*Recognition of clients' spiritual or religious experiences, practice and culture.* Based on the findings, recognition of clients' spiritual and religious lives is seen as a prerequisite for developing spiritual literacy. Clients have different experiences of that. Several of the clients said that the most important issue is knowing there is 'room to speak', no matter





Figure 1. The map of spiritual literacy in family therapy practice

whether it is spoken about or not. Spiritual and religious perspectives in people's lives seem in many ways to be a sensitive topic, and many reported both positive and negative experiences in their lives, which affected them in different ways. Several clients said they wanted to be '*met* and *acknowledged*' as a whole person, which included the spiritual and religious dimension of life. It created a sense of security in the therapeutic relationship.

Several of the clients described *leaning on* God in their crises, and felt that God could be included in their therapy, both as a contributor and as a relationship. Pictures of God differed – both difficult and easy, and



were often culturally related. In therapy, we can explore whether these pictures can be a help and strength in crises. To lean on God did not have to mean that clients defined themselves as religious. The client Lisbeth is one of them;

*Yes, it gives me great strength, but I cannot be put into a box. At least not after having lived in a marriage with violence for sixteen, seventeen years or something like that. If someone says, 'Come to this church here, and you have to believe what we believe', I couldn't handle it. (C7-1, 360-362)*

Clients' spiritual experiences can also be supernatural – both therapists and clients had such stories – stories that they rarely thought fitted in therapy. They could be stories that strengthened their lives but could also be stories that are difficult to live with. One client reported experiences of contact with his dead father. He said he saw, experienced and smelt his father. The therapist asked the client about his childhood relationship with his father. The client told him that when he was young, his father abused him; when he got older, he then abused his father. Now he was convinced that his father had come back to take revenge on him, not to give him peace.

*And then the therapist and the client ... were suddenly speaking the same language. This relationship became the basis for their dialogue, and the father's activities in the house disappeared more and more. (TG1-1, 206-208)*

It is important that therapists can accommodate these kinds of experiences and not 'talk them away' into psychological explanations and frameworks.

*Working systemically in dialogue.* Both clients and therapists said that human spiritual life is intertwined with other perspectives in life – psychological, physical, social and spiritual aspects of experience influence each other. Therefore, our findings suggest that the spirituality of clients should also be included in a systemic work. For some clients, it can be important to include God in therapy, because their relationship to God can be a source of strength and a help to find direction in life. The client Stian says;

*Life has some ups and downs. And when you get your downs and have nothing to hold you, to use that kind of expression, I think not having something outside myself, only trusting entirely to my own existence, no, it wouldn't work out, it wouldn't work out. (C4-1, 91-94)*

Several of the therapists believed that people live better lives if they live in harmony with their values, and they used systemic questions to connect with their clients' hopes and dreams. The therapist Edwin says:

*If everyone sees the connection between the things they do and values which are deeply ingrained in us, I think we would live much better lives. I often think in cases when we feel pain it is because of disharmony between our practices, actions that we perform, and our essential values. (T1-1, 613-617)*

Some therapists also included spiritual practices, for example including biblical texts, rituals, praying and mindfulness, but always with respect and with the agreement of the client. Clients, in turn, wanted therapists to be transparent about their own spiritual lives, and wanted the opportunity to change therapist if it was difficult to cooperate because of their faith or religion. Non-verbal communication seemed to be more significant than verbal, as clients said they could easily sense if the therapist was open or not to their spiritual life.

*Using clients' resources and language.* The spiritual life of clients, seemed, for many, to be a great resource. It could be a compass in times of crisis and connecting with their spiritual life brought new possibilities for change. One therapist said: 'I relate to faith because it gives access to resources like friends in "higher places" ... and, for some, truths to keep them in the middle of the storm' (T5-2, 50-52).

Spiritual literacy was seen as an openness to the different spiritual languages of clients and involved being keen to learn from clients, exploring words or other linguistic expressions. Spirituality and religion are often seen as a private matter in Norway, and people can find themselves unfamiliar with talking about these parts of life and thus may need help in developing a language. Clients said they wanted the therapists to include spiritual issues, and not to wait for clients to introduce them.

*Bridging linguistic uncertainty.* Spirituality can be difficult to put into words. Several of the therapists said they lacked a language about how to meet the spirituality of clients, and this prevented them from entering into such conversations. The therapist Tor says: 'with my starting point, I do not even think about asking the question' (T6-1, 589-590).

For both therapists and clients, there are different feelings associated with the themes of spirituality, and it can be demanding for therapists to go along with the clients' world of language. Spiritual language can also differ in couple relationships, which can be challenging for their

common family life. One said: ‘... just ask about it. Mapping different faiths ... Someone could help me to talk about what I might find difficult to talk about by myself’ (C9-1, 438-442). Therapy can be a place where family members can listen to each other, reflect about differences and help respect and tolerance to grow.

Both clients and therapists can have different linguistic expressions, which can lead to talking at cross-purposes. Therefore, in developing spiritual literacy, therapists need to confront their own linguistic uncertainty, explore what prevents them from talking, and overcome personal obstacles.

*Increasing personal awareness and competence.* One way to bridge linguistic uncertainty and be more comfortable talking with clients about spirituality is to increase personal awareness and competence. The clients interviewed in this study thought that therapists should acknowledge and be confident in their own spirituality. The client John says;

*It is difficult to get into the issue if you do not have a clear relationship with it ... You need the competence to meet it; you need to clarify what relationship you have with religion, faith ... with spirituality, or whatever kind of word you want to for it. (C2-1, 795-800)*

This was also supported by the therapists, who believed that reflecting on their own spiritual journey made them more open and sensitive in their meetings with clients interested in exploring the spiritual.

Many of the clients said they wanted therapists to have competence in responding to their spiritual and religious life. Struggling with ethical dilemmas in relation to faith, one client said: ‘From my experience, I needed someone who had worked more with it’ (C3-1, 689-690). The experience of the therapist will be crucial to whether clients open or close these topics in their sessions.

One therapist said his long spiritual journey had made him more conscious, curious and bold, and another one said that, as a spiritual seeker with an interest in mindfulness and yoga, this made her more open to the mysteries of life and spiritual perspectives. Another therapist had grown up in a tradition where religion had been very important. Even though she deliberately removed herself from religion, she still knew that this can be very important to many people.

*Working with personal hindrances.* Hindrances, both on a personal and a professional level, can block the development of spiritual literacy. Numerous obstacles to including clients’ spiritual issues in therapy were

mentioned by the therapists. On a personal level, some therapists felt embarrassed by the topic, felt it was too personal, or did not themselves have a relationship with spirituality or religiosity. On a professional level, some felt inexperienced, lacked knowledge or tools, felt it did not fit in family therapeutic work, had no time, or they were afraid of not being 'neutral'. The therapist Siri said:

*Concerning religion, it is perhaps more that it is a little embarrassing to talk about, it is a bit private perhaps ... I'm not sure when it comes to the knowledge ... but of course ... it is about what you are used to asking about. (T4-1, 651-653)*

Some therapists thought that clients did not find it important to include spiritual aspects in therapy. If clients did not say anything themselves, some therapists interpreted that as meaning they did not want to talk about it, as it was too private for therapy.

*Breaking the silence in the public space.* Even though most of the clients in this study wanted to include spiritual issues in their therapy, and many of the therapists actually did this, nearly all the therapists said that spirituality is under-communicated and has no recognised place in Western family therapy culture. It is of concern to us that some said if they talked to clients about this topic they would keep this secret, as they were afraid to become unpopular in the therapeutic establishment. One therapist said: 'If you want to stay within the most recognised therapeutic environments, those who have the greatest authority, my feeling is that they do not talk much about this' (T1, 1, 40-42).

Some therapists had tried talking with other colleagues, but felt rejected and almost ignored. For all of the therapists in this study educated in Norway, this silence, both in public and in training, seemed to create uncertainty about the relevance of the subject. Therefore, to develop spiritual literacy among family therapists, our study suggests that it is important to challenge this silence in the public space. Since many clients in this study wished to include their spiritual concerns in the work, this becomes a responsibility for all family therapists, educators and leaders in the field to recognise clients' spiritual lives and stories in training and practice. This position of activism calls for critical reflection, which promotes a comprehensive view of humanity.

In this study, therapists found it easier to raise and respond to secular spirituality: values and meaning not connected to religion. Both clients and therapists found that religious perspectives were more marginalised. It is also important to recognise religiosity as an important aspect of human spiritual reality. The therapist Frode said: 'I think to ignore

certain forms of faith is not professional. It shows a lack of interest and respect for the individual universe: a universe of pain but also opportunities' (T5-2, 31-32).

### **Discussion of implications for practice and education**

Based on the findings, there seems to be a need for greater recognition of spiritual issues in the family therapy culture. If perspectives such as curiosity, openness, and dialogic practice have any value, it seems that spirituality also has to be included (Burnham, 2012).

Honneth (1995) says we have a moral responsibility to meet people in a way that perceives their integrity. In a multicultural society, clients have different spiritual and religious universes and sources, linked to relationships and contexts (Walsh, 2010). Honneth (1995) thinks recognition at all levels is necessary if people are to experience self-confidence, self-respect and self-esteem. In a therapeutic context, it can mean deep listening and showing understanding, acceptance, tolerance and confirmation.

However, recognition is not only about what is happening in the individual therapy room, but also in practice in general, in training and in the therapeutic culture at large. The lack of recognition of spiritual and religious perspectives in family therapy discourses found in this study created an uncertainty among the therapists, which led to their silence.

Family therapy represented a shift in the psychotherapy movement, which included systemic theory and, later, the social constructionist approach. These perspectives could incorporate a spiritual focus (Larner, 2017), but the focus on multiple realities and ecological frameworks often seems to lack spiritual and religious dimensions. Spiritual needs are mixed with other human needs in a shared construction of meaning. To acknowledge this complexity, such holistic thinking requires an attitude, recognition, a way of seeing and acting that is open to the spiritual, according to Telfener (2017).

Perhaps the greatest barrier in the communication of spirituality is the language we have available, because as this study showed, there are multiple definitions of the word. However, all the perspectives explored in this study are associated with individual beliefs, values, behaviours and experiences. In addition, this study found that religion is often associated with deities, dogma and religious fellowship over time, and the word spiritual was for many informants related to religion.

In therapy, when we meet the individual client and deeply listen to all the nuances in tone, breath and body movements (Andersen, 1996), we create a place for discovery, wondering and reflection. The participants in this study suggested that therapy can risk becoming superficial; for example, the client Maja in the study said therapy without spiritual issues can be compared with the icing on a cake, 'on the surface again by a new series of thoughts and feelings' (K8-1, 539).

It seems all cultures have their own rules, including in the family therapy field. We have some concepts that seem recognisable and unifying, while other terms are less visible. If discourse concerning spirituality is not part of family therapy practice, then it may be a cultural rule which is limiting the field. This could bring about silence for some group members, with the result that clients might not get adequate help when seeking family therapy. Therefore, it is important to both understand and challenge hegemonic discourses or patterns. Things may change when we speak in a different way, as Burr says (2015).

Everyone brings their own personal spirituality to the therapeutic relationship and reflections on our own lives help therapists to assume an attitude of critical reflection. The therapist's spiritual worldview will organise the way in which they interact with their clients, interpret clients' dilemmas, see resources and strengths and how they look for treatment options (Pargament, 2007). The relationship between the therapist and the client plays a crucial role in recovery (Wampold and Imel, 2015), and by developing their own confidence in addressing these areas therapists can develop greater emotional courage in engaging with clients' spiritual lives. It becomes an embodied experience, which holds meaning, culture, rationality and traditions in equal regard (Bourdieu, 1990).

This study suggests the importance of dialogue, education and training in these issues for our competence as therapists. We argue that it needs to have its place as part of the therapist's multicultural competence (Arredondo, 1998). Our language needs to be in harmony with the specific situations the clients are facing. So, to expand the 'linguistic spiritual room', various linguistic expressions can be used, like music, painting, genograms or lyrics.

Spirituality can be both part of the problem or part of the solution, and whatever our methodological approach, we have to work in line with current legislation, public policy and human rights. Therapists have an ethical responsibility to challenge injustice, abuse of power and harmful behaviour and help families with mutual respect and relational justice (Walsh, 2009). In looking for the clients' resources and possibilities, spirituality can be a resource for change and a way to resilience (Walsh, 2003).

We also know that religion can be a healing factor for coping with illness and can strengthen clients' psychological health (Koenig *et al.*, 2012).

Bateson (1979) said we only have maps of the territory. Being a map-reader requires some basic knowledge, some understanding of signs and metaphors, and a repertoire for reaching an unknown land. In talking about spiritual literacy, is the map we have good enough? Is it up to date and useful? As a family therapy movement, we suggest that we need to challenge this relative silence. Critical reflection will be necessary to develop family theory and practice, to be open to the clients' ecological world and to make dialogical room where there is also a space for the client's spiritual life.

### Limitations and conclusion

While this study has a number of strengths, like including both family therapists and clients, in-depth comprehensive data and wide variation among the therapists, there are also some limitations. In relation to the client participants, ten of the twelve were of the Christian faith, even though only three of these were regular churchgoers. Because of the ambivalence of the word spirituality in a Norwegian context, it might have prevented other informants from taking part in the study. Norway is also a small country, and in a larger context, the informants may appear relatively monocultural.

The 'map of spiritual literacy' can be seen as a basis for reflection and action in education, supervision and practice, and can be extended when new research emerges. We hope that this map can contribute to making room for the spiritual issues of participants in family therapy in a more open way. This is a responsibility for therapists on a personal level, in the therapeutic dialogue, and in the therapeutic culture and the public sphere at large.

### Notes

<sup>1</sup> *Australian & New Zealand Journal of Family Therapy*, 2017, volume 38, special issue: 'Family therapy and spirituality'.

<sup>2</sup> A middle range theory is a substantive theory, which means it is a theoretical interpretation or explanation of a delimited phenomenon in a particular area (Charmaz, 2014). Middle range theory begins with a concept formed in a model at the intersection of practice and research to provide guidance for practice. This theoretical model is a pattern of ideas viewing a phenomenon in an organised way.

<sup>3</sup> <https://dictionary.cambridge.org/english/literacy>



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